



Palo Alto Community Child Care  
Comprehensive Child Care Services

## Infant-Toddler & Preschool Wait List Form

Center: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: M F Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent or Guardian Information:

Parent or Guardian Information:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Best Number / Email to reach you at:** \_\_\_\_\_

Is your child currently attending a PACCC center: Y N If so, where: \_\_\_\_\_

Is your child on the wait list at another PACCC center: Y N If so, where: \_\_\_\_\_

Days and Hours of Care Needed: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_ Remarks: \_\_\_\_\_

Are you on PACCC's tuition subsidy wait list or any other APP program: Y N

**FOR OFFICE USE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_